

Tuberculosis Disease Continuation Phase

_ Sex □ Male □ Female Language _____ Interpreter needed Yes □ No □

TREATMENT CONTINUES?

YES-continue with next flow sheet NO-complete discharge info below

Continuation Phase				Monthly Evaluation					Υ	N	Monthly Evaluation		Υ	N	Monthly Evaluation				1	Y I	N Monthly Evaluation					n \	Y N	DIS	CHAF	RGE												
Start Date/					Date:/ Weight							Date: .		/					Date Weic	:/	//	/					ate:		_/	-					_/_ ntatio							
Wainb.	/fue me l		la.t:a.m\					_				····	`						*****				_				oigint_							Compl	etion o	card fi	inalize	d and	give	n to cl	ent.	
Weight(from last evaluation))	SYMPTOM REVIEW							SYMPTOM REVIEW							SYMPTOM REVIEW							SYMPTOM REVIEW							T 🗆 [Discha	irge e	ducati	on giv	en pe	er prot	tocol			
					Cough							Cough							Cough							Cough							$\operatorname{\mathbb{L}}_\square$ (Client	not av	ailable	e to re	ceive	com	pletion	card	
Confirm biweekly DOT schedule:					Hemoptysis							Hemoptysis							Hemoptysis							Hemoptysis							L							•		
Mon/Thurs or Tue/Fri (circle one)					Fever / Chills							Fever / Chills							Fever / Chills						Fever / Chills								Reason for discharge:									
won/mais or rue/mit (circle one)					Night Sweats							Night Sweats							Night Sweats							Night Sweats							□ Completed therapy									
					↓ Appetite							↓ Appetite							↓ Appetite							↓ Appetite							☐ Moved, case transferred									
• Cian out mos	do	□ V ₀	s□ No		Weight Loss						Weight Loss							Weight Loss							Weight Loss							Lost										
 Sign out med 	us	⊔ re:	SU INO		Fatigue/Weakness						Fatigue/Weakness								Fatigue/Weakness							Fatigue/Weakness																
					SIDE EFFECTS							SIDE EFFECTS							SIDE EFFECTS							SIDE EFFECTS							☐ Uncooperative or Refused									
• Give vitamin	B6.				Nausea / vomiting						Nausea / vomiting								Nausea / vomiting							Nausea / vomiting							☐ Not Active Tuberculosis									
	•				Abdominal pain						Abdominal pain								Abdominal pain							Abdominal pain																
Instruct to take daily ☐ Yes☐ No					Jaundice skin / eyes						Jaundice skin / eyes								Jaundice skin / eyes							Jaundice skin / eyes							\Box									
		•			Brown/dark urine						Brown/dark urine								Brown/dark urine							Brown/dark urine							□ Unknown									
					Skin ras							Skin ra							Skin								in rash						DR	IIG A	LLER	GIFS.						-
Give new med card □ Yes□ No				Numb hands / feet							Numb hands / feet							Numb hands / feet							Numb hands / feet						_ 	JU A	LLLII	ailo.								
				Joint Pain Fatique/Weakness							Joint Pain							Joint Pain							Joint Pain															_		
												Fatigue/Weakness							Fatigue/Weakness							Fatigue/Weakness						├ ─									_	
				Bleeding/Easy Bruising Blood in urine							Bleeding/Easy Bruising							Bleeding/Easy Bruising							Bleeding/Easy Bruising							├									_	
Nurses Initials:											Blood in urine							Blood in urine							Blood in urine							├										
				Flu like symptoms							Flu like symptoms						4	Flu like symptoms						Flu like symptoms							_											
																		_																								_
Transcribed by:	Check for	MD/Routi	ne Order																																							-
								_	_		-	_								10														_								_
Date ordered		Dose Number 1			2 3	4	5	6	7 8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27 :	28 29	9 3	0 31	1 32	33	34	35	36						_
	Date dose given																																								_	_
Prescription		mg/pill	#																																							
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		See Nurs	es Notes																																							_

_____DOB _____

First Name _